

MULTIPLE DEPENDENT CLAIM 10
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

153944

CLAIMS

AS FILED	AFTER		AFTER		AS FILED	AFTER		AFTER		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1				51			
2							52			
3							53			
4							54			
5							55			
6							56			
7							57			
8							58			
9							59			
10							60			
11							61			
12							62			
13							63			
14							64			
15							65			
16							66			
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19							69			
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25							75			
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32							82			
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37							87			
38							88			
39							89			
40							90			
41							91			
42							92			
43							93			
44							94			
45							95			
46							96			
47							97			
48							98			
49							99			
50							100			
TOTAL IND.			↓		↓		TOTAL IND.			↓
TOTAL DEP.			←	25	←		TOTAL DEP.			↓
TOTAL CLAIMS			26				TOTAL CLAIMS			↓